

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1		1			
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49						
50						
TOTAL IND.	4		3			
TOTAL DEP.	31					
TOTAL CLAIMS	35		17			

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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					